

CITY OF SAINT PAUL

Department of Safety and Inspections Fire Inspection Division 375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101-1806

Phone: 651-266-8989 Fax: 651-266-8951

HAZARDOUS MATERIALS PERMIT APPLICATION

Incomplete information will result in rejection of application. No work can begin prior to approval.

Date:	Permit Number:
Project Address:	Building Name:
Contractor Information	
Name:	MPCA ID #:
Address:	Phone:
Contact Person:	Fove
Property Owner Name:	
Property Owner Address:	
Project: Install () Repair () Alter () Abandon () Remove ()* * If removed, where will tank be taken for disposal?	
Tank Information Number of Tanks:	
Tank Capacity:	
Tank Specification/Listing:	Tank Contents:
For LPG & Compressed Gas Tanks: Tank Surface Area in Sq. Ft Total Relief Valve Capacity	
Estimated Start Date:	Estimated Finish Date:
* * Required Attachments * *	
Initial Fee \$150.00 + \$50.00 per Tank Site Plan () Mechanical Plan () (Make check payable to City of Saint Paul)	
Applicant certifies that all information is correct and that all pertinent state regulations and city ordinances will be complied with in performing the work for which this permit is issued. Final approval subject to field inspection.	
Applicant's Signature:	Date:
Signature of Cardholder (required for all charges):	
☐ American Express ☐ Discover ☐ MasterCard ☐	Expiration Month/Year
Enter Account Number ▶	